

REIMBURSEMENT SPECIALIST

DEFINITION: Under general supervision, performs work of moderate difficulty in providing administrative work that supports fiscal management transactions involving third party billing and technical services including coding, executing and coordinating claims with third party insurance providers; performs related work as assigned.

ESSENTIAL FUNCTIONS: This list of duties and responsibilities is ILLUSTRATIVE ONLY, and is not a comprehensive listing of all functions and tasks performed by positions in this class.

TASKS:

Submits claims to third party providers; coordinates billing documents reflecting stable billing execution activities, corrections and adjustments as a part of operating fiscal management responsibilities; computes, calculates and enters billing data information; validates and transmits claims; rebills and/or corrects billing claims/statements.

Resolves billing invoice and voucher inconsistencies; verifies information, reviews reports to identify claims using various types of computer software; identifies and resolves billing transactions and connecting problems; provides automated transmission of all third party claims; identifies inconsistencies and discrepancies and makes corrections; explains claims collections questions; explains governing regulations and procedures; responds to third party inquiries on post payments, exclusions, denials and appeals; prepares, validates and transmits reports of billing and data activity.

Assures claims are completed with appropriate supporting documents; performs initial research of transactions to determine cause of erroneous billing where applicable; considers financial reports of billing obligations and corrects as necessary; maintains standard reconciliation system; enters and verifies data in a computerized system and prepares reports; compiles reports; identifies sources and extracts necessary information.

Assures computations and billing documents are accurate and transmitted; monitors automated transmission of all third party claims in a time manner; receives, examines and processes claims to assure claims are completed with appropriate supporting documents; attends related governmental meetings/consultations when necessary.

KNOWLEDGE, SKILLS AND OTHER CHARACTERISTICS:

Knowledge of automated databases associated with financial management software to input a range of standard billing information or adjustments.

Knowledge of the structure and content of accounts maintenance or other financial management related documents (e.g., invoices, reports, travel orders, payroll forms, etc.).

Knowledge of basic mathematical calculations.

Knowledge of customer services and public relations practices.

Knowledge of basic accounting methods and practices.

Ability to coordinate, communicate and demonstrate customer service and interpersonal skills with third party programs, healthcare professionals and customers.

Ability to manage fiscal matters, forecast educational and training resources and equipment needs and identifying budget needs.

Ability to resolve complex billing transactions and maintain the integrity of confidentiality of sharing electronic health record/medical information.

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PHYSICAL REQUIREMENTS AND WORK ENVIRONMENT: Work involves a minimum of physical effort in an office setting.

MINIMUM QUALIFICATIONS:

- A high school diploma or GED; and two (2) years of experience in billing and coding medical records and third party billing.

PREFERRED QUALIFICATIONS:

- Four (4) years of business accounting experience.
- Certificate in Medical Billing.

SPECIAL REQUIREMENTS:

- A favorable background check.
- Possess a valid state driver's license.

Supplemental Requirements:

Incumbent must obtain certification as a Medical Coder/Biller within one (1) year of date of hire and maintain annual training requirement in coding and billing.

Depending upon the needs of the Nation, some incumbents of the class may be required to demonstrate fluency in both the Navajo and English languages as a condition of employment.